

## REFERENCES

- 1 Van Bergen J, Gotz HM, Richardus JH, PILOT CT study group, *et al.* Prevalence of urogenital Chlamydia trachomatis increases significantly with level of urbanisation and suggests targeted screening approaches: results from the first national population based study in the Netherlands. *Sex Transm Infect* 2005;**81**:17–23.
- 2 Manavi K, McMillan A, Young H. The prevalence of rectal chlamydial infection amongst men who have sex with men attending the genitourinary medicine clinic in Edinburgh. *Int J STD AIDS* 2004;**15**:162–4.
- 3 Suchland RJ, Eckert LO, Hawes SE, *et al.* Longitudinal assessment of infecting serovars of Chlamydia trachomatis in Seattle public health clinics: 1988–1996. *Sex Transm Dis* 2003;**30**:357–61.
- 4 Boesvert JF, Koutsky LA, Suchland RJ, *et al.* Clinical features of Chlamydia trachomatis rectal infection by serovar among homosexually active men. *Sex Transm Dis* 1999;**26**:392–8.
- 5 Van Duynhoven YT, Ossewaarde JM, Derksen-Nawrocki RP, *et al.* Chlamydia trachomatis genotypes: correlation with clinical manifestations of infection and patients' characteristics. *Clin Infect Dis* 1998;**26**:314–322.
- 6 Van de Laar MJ, Van Duynhoven YT, Fennema JS, *et al.* Differences in clinical manifestations of genital chlamydial infections related to serovars. *Genitourin Med* 1996;**72**:261–265.
- 7 Spaargaren J, Verhaest I, Mooij S, *et al.* Analysis of Chlamydia trachomatis serovar distribution changes in the Netherlands (1986–2002). *Sex Transm Infect* 2004;**80**:151–2.
- 8 Geisler WM, Suchland RJ, Whittington WL, *et al.* Quantitative culture of Chlamydia trachomatis: relationship of inclusion-forming units produced in culture to clinical manifestations and acute inflammation in urogenital disease. *J Infect Dis* 2001;**184**:1350–4.
- 9 Geisler WM, Whittington WL, Suchland RJ, *et al.* Epidemiology of anorectal chlamydial and gonococcal infections among men having sex with men in Seattle: utilizing serovar and auxotype strain typing. *Sex Transm Dis* 2002;**29**:189–195.
- 10 Nieuwenhuis RF, Ossewaarde JM, Gotz HM, *et al.* Resurgence of lymphogranuloma venereum in Western Europe: an outbreak of Chlamydia trachomatis serovar L2 proctitis in the Netherlands among men who have sex with men. *Clin Infect Dis* 2004;**39**:996–1003.
- 11 Van der Snoek EM, Gotz HM, Mulder PG, *et al.* Prevalence of STD and HIV infections among attendees of the Erasmus MC STD clinic, Rotterdam, the Netherlands, during the years 1996 to 2000. *Int J STD AIDS* 2003;**14**:119–24.
- 12 Ossewaarde JM, Rieffe M, De Vries A, *et al.* Comparison of two panels of monoclonal antibodies for determination of Chlamydia trachomatis serovars. *J Clin Microbiol* 1994;**32**:2968–74.
- 13 Morre SA, Ossewaarde JM, Lan J, *et al.* Serotyping and genotyping of genital Chlamydia trachomatis isolates reveal variants of serovars Ba, G, and J as confirmed by omp1 nucleotide sequence analysis. *J Clin Microbiol* 1998;**36**:345–51.
- 14 Yuan Y, Zhang YX, Watkins NG, *et al.* Nucleotide and deduced amino acid sequences for the four variable domains of the major outer membrane proteins of the 15 Chlamydia trachomatis serovars. *Infect Immun* 1989;**57**:1040–9.
- 15 Dean D, Millman K. Molecular and mutation trends analyses of omp1 alleles for serovar E of Chlamydia trachomatis. Implications for the immunopathogenesis of disease. *J Clin Invest* 1997;**99**:475–83.
- 16 Cox J, Beauchemin J, Allard R. HIV status of sexual partners is more important than antiretroviral treatment related perceptions for risk taking by HIV positive MSM in Montreal, Canada. *Sex Transm Infect* 2004;**80**:518–23.
- 17 Gotz HM, Van Doornum GJJ, Niesters HGM, *et al.* A cluster of acute hepatitis C virus infection among men who have sex with men—results from contact tracing and public health implications. *AIDS* 2005;**19**:969–74.
- 18 Spaargaren J, Fennema HS, Morre SA, *et al.* New lymphogranuloma venereum Chlamydia trachomatis variant, Amsterdam. *Emerg Infect Dis* 2005;**11**:1090–2.

## ECHO

## More endoscopists improve outcome for upper GI cancer



Please visit the Quality and Safety in Health Care website [www.qshc.com] for a link to the full text of this article.

More endoscopists may be the answer to better outcomes for upper gastrointestinal (GI) cancer, as recent improvement seems to owe more to the introduction of nurse endoscopists than the UK government's two week wait scheme for a specialist consultation, according to doctors in one cancer unit.

True enough, the odds of curative resection increased significantly (odds ratio 1.48) in their unit in the two years after the scheme was introduced compared with the two years before, and curative resections for early (stage 1 and 2) cancers rose from 47 to 58. But only two patients (5%) of 38 diagnosed with the cancer out of 623 referred under the scheme had early stage disease compared with 56 (27%) outside it. Furthermore, just over a third of patients with early stage cancer had symptoms consistent with the referral criteria in the scheme, but only two of them were referred under it.

When the scheme was implemented at Norfolk and Norwich University Hospital, in September 2000, it coincided with appointment of two full time nurse endoscopists, which reduced routine waiting times for endoscopy—and probably accounted for the improvement.

Under the scheme guidelines for urgent referrals for upper GI cancer were issued to general practitioners to ensure timely specialist evaluation. Detecting the cancer early is key to curative treatment, but symptoms can be unreliable. This may be why reducing times for routine endoscopy may be the best option.

The UK government has been under pressure to improve its poor record on upper GI cancer outcome in western Europe.

▲ Spahos T, *et al.* *Postgraduate Medical Journal* 2005;**81**:728–730.